

# **ARIZONA OFFICE OF PROBLEM GAMBLING TREATMENT ASSISTANCE PROGRAM PROVIDER MANUAL**

**INTRODUCTION:** This Manual delineates requirements that must be met by programs and individual providers who wish to provide Treatment Assistance Program (TAP) services. Providers must meet the requirements/standards contained in this manual in order to achieve and maintain approval to receive funds for services provided under contract or agreement with the TAP.

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All providers who receive reimbursement for outpatient therapy services from the Office of Problem Gambling (OPG) agree to be bound by the requirements contained in this manual. The Office of Problem Gambling reserves the right to update and modify this manual at any time. Updates and/or modifications will be mailed to all eligible providers at the address known to the OPG at the time of the modification. It is the provider's responsibility to notify the OPG of any address changes. Modifications will be deemed to have been received by the provider three (3) working days from the date on which the notice was mailed.

This manual, and all subsequent updates, may be obtained via the internet at:  
[www.problemgambling.az.gov](http://www.problemgambling.az.gov)

01. **Provider Qualifications:** All Services for which reimbursement is sought must be provided by individuals that meet the following requirements:
- A. Be licensed in Arizona to engage in the practice of behavioral health.
  - B. Documented completion of 60 hours core training requirements:
    - 1. Phase I consists of 30 hours of problem gambling specific training addressing the counseling domain areas of general knowledge of problem/pathological gambling (6 hours), assessment of gambling behaviors (6 hours), individual and group therapy techniques (12 hours) and financial aspects of gambling treatment (6 hours).
    - 2. Phase II consists of 30 hours of problem gambling specific training addressing the counseling domain areas of family/affected person issues (12 hours), case management (6 hours), legal issues (6 hours), and special populations (6 hours).
    - 3. An individual holding a valid NCGC II certification is deemed as having met the core training requirements identified above.
  - C. Either:
    - 1. Hold a valid NCGC II certification; or
    - 2. Have documentation verifying completion of Phase I of Core Training AND providing TAP services under the clinical supervision of an OPG approved clinical supervisor at a rate of 1 hour of supervision for every 10 hours of clinical contact; or
    - 3. Have documentation verifying completion of all Core Training hours (Phase I & II) and performance of 200 hours of OPG reimbursed TAP services.
02. **Clinical Supervisor Criteria:** To be deemed an approved clinical supervisor an individual must document the following requirements:

- A. Be licensed in Arizona to engage in the practice of behavioral health.
  - B. Performance of 200 hours of OPG reimbursed TAP services.
  - C. Completion of 6 hours of training on gambling specific clinical supervision.
  - D. Individuals holding a valid National Gambling Counselor Certification Board Clinical Consultant credential will be deemed as meeting the requirements for Clinical Supervisor.
03. **Consumer Eligibility:** To be eligible for reimbursement for services paid from TAP funds, consumers must meet the following criteria:
- A. Meet the clinical criteria for problem/pathological gambling as defined by at least one of the following tools:
    - 1. Satisfy a minimum of three (3) of the criteria for Pathological Gambling contained in the Diagnostic and Statistical Manual-IV (DSM-IV); or
    - 2. Obtain a score of three (3) or above on the South Oaks Gambling Screen (SOGS); or
    - 3. Obtain a score of three (3) or above on the NODS; or
    - 4. Respond yes to seven (7) or more of the Gamblers Anonymous Twenty Questions.
  - B. Affected persons of pathological/problem gamblers are eligible to receive services if:
    - 1. The identified gambler is receiving services; or
    - 2. The affected person answers yes to seven (7) or more of the GamAnon Twenty Questions.

- C. Initial eligibility is determined by the provider by use of the above instruments. The OPG may require that services which exceed 12 therapy sessions or which are provided for longer than a six (6) month period be authorized via a continuing stay review initiated by the OPG. Pre-discharge planning must be evident for authorization of services in excess of this requirement.
- D. Consumers who have received no treatment services in the preceding 60 days shall be discharged from the program.
04. **Consumer Fees:** The Office of Problem Gambling is a payor of last resort for problem gambling treatment. If, after an initial financial assessment is completed, it is determined that a consumer is able to pay for services from sources other than the OPG those sources should be utilized. Therapeutic co-pays may also be assessed; however, no client shall be refused services based solely on inability to pay any fees as long as TAP funding is available.  
At intake, all TAP consumers must receive the OPG TAP information brochure provided by the OPG that explains the source of TAP funds and the requirement that they not be refused services based on inability to pay.
05. **Clinical Records:** All consumers for whom reimbursement is sought must have an individual clinical record. The provider shall maintain records that facilitate assessment of client need, service planning, documentation of services provided to implement the service plan, and when appropriate, discharge planning. The record must be dated, legible and meet the following requirements:
- A. Contain a complete assessment of the clients gambling behavior and needs. The assessment must be in narrative form and address the following:
1. Presenting problems;
  2. Social/Relationship history;
  3. Educational/Vocational history;
  4. Medical history;

5. Financial assessment;
  6. Gambling history;
  7. Tool(s) used and clinical interpretation;
  8. An assessment summary;
  9. Recommendations;
  10. The assessment must include determination of the need for medical, substance abuse and/or mental health referral.
- B. The Assessment must be completed prior to implementation of the treatment plan.
- C. Each client record must contain documentation of meeting the eligibility criteria for admission found in Section 03, Consumer Eligibility.
- D. The client record must document that the client received a formal orientation to the program including information concerning consumer rights and confidentiality.
- E. Contain a treatment plan based upon the assessment, which is completed within the first 30 days of initiation of services, or by the fourth session, whichever occurs first. The plan must include at a minimum the following:
1. Clients strengths which can be used in addressing service needs;
  2. Short and long term goals the consumer will be attempting to achieve and measurable objectives which relate to the achievement of the corresponding goals;
  3. Documentation that the consumer was involved in development of the treatment goals and objectives;

4. Type and frequency of services to be received and the person primarily responsible for their provision;
  5. Specific criteria for treatment completion and the anticipated timeframe;
  6. Documentation of treatment plan review with the consumer a minimum of every ninety days.
- F. Contain progress notes that document the type of service provided, length of service, and indicates progress in meeting the goals and objectives of the treatment plan. Progress notes must be legible, dated and signed by the person responsible for the entry. If the person making the entry has not completed all core training requirements as found in Section 01.B, there must be documentation that the progress notes are routinely reviewed by a clinical supervisor approved by the OPG.
- G. The client record must document services/contacts with the client's family/affected persons. If affected persons are not involved in the client's treatment, the reason or rationale for lack of involvement must be documented.
- H. Contain a discharge summary which reflects services to the consumer upon discharge from the program. This summary must be completed within two weeks of the client's discharge date and contain:
1. A summary of services provided and the clients progress in relation to the goals and objectives of the treatment plan;
  2. Recommendations, arrangements and referrals for services;
06. **Program and Fiscal Audit:** Providers under contract with the OPG shall receive, at a minimum, an annual audit to assess compliance with the requirements found in this manual. In order to verify units billed and compliance with the clinical record requirements, representatives of the OPG may examine written documents, interview staff, observe provider operations and examine consumer records. All consumer information obtained during the audit will remain confidential.

- A. All client files must be available at the time of audit.
  - B. The fiscal audit will determine whether units billed for TAP services are reflected by appropriate entry to the client files and are in compliance with Section 01 through Section 04 of this manual. Units for which payment has been made, but are improperly documented, will require repayment of funds by the Provider to the OPG.
  - C. Program audits will determine compliance with the requirements in Section 05 of this manual.
  - D. Audit reports will be sent to the provider within forty-five days of the audit. This report will document areas of strengths and weaknesses in meeting the above requirements. The report will indicate whether the provider has achieved or maintained substantial compliance with the required documentation.
  - E. If program audit findings determine the provider's clinical records are less than 95% compliant with the requirements in Section 04; the provider must submit a plan of corrections and request a follow up audit within ninety days of receipt of the original audit report. Failure to submit an OPG approved plan of corrections and/or failure to obtain a 95% compliance rate on the follow up audit may result in the provider forfeiting approved provider status.
07. **Billing Procedures:** Billing for TAP treatment services should be received by the 15<sup>th</sup> of the month following the month in which services are provided. The invoice for June services should be received by July 10<sup>th</sup> to avoid delay in payment. Mail all information required to:

Arizona Department of Gaming  
Office of Problem Gambling  
202 East Earll Drive, Suite 200  
Phoenix, AZ 85012

**All TAP billing forms should be downloaded from the OPG website at [www.problemgambling.az.gov](http://www.problemgambling.az.gov).**

The following forms are required, when appropriate, for each monthly billing cycle. In the event no services were provided in a given month, a TAP Monthly Evaluation Form (Form C) must be completed and submitted. In no event will reimbursement be made for services provided in excess of 90 days prior to receipt of an invoice.

- A. Open the Excel spreadsheet “OPG Billing forms – 12-12-05.xls”. At the bottom of the spreadsheet there are tabs titled “1-20 Clients”; “21-40 Clients”; “41-60 Clients”; “61-80 Clients”; “Total & Outreach”; and “Invoice”. This is a locked spreadsheet, so you will only be able to select cells in which you need to enter information. Follow the instructions below for each tab.

**B. Client tabs**

Each sheet (“1-20 Clients”; “21-40 Clients”; “41-60 Clients”; “61-80 Clients”) is formatted the same. Begin with the “1-20 Clients” sheet and enter your provider number in the cell in the top left corner. Enter the initials of the person entering data in the cell below. After you enter this information in the “1-20 Clients” sheet, the remaining sheets will enter your provider number and preparer initials automatically.

1. Data entry by column:
  - a. Column completed – no data entry.
  - b. Client #: Enter the last four digits of the client’s social security number. If the client is a re-entry to services with you/your agency, add an R (####-R). If the client has received services from another provider, but are new to you/your agency, add an R2 (####-R2). If the client has the same last four digits as another client, add an A (####-A). If the OPG identifies a client as a re-entry or identical number as another client, we will notify you to change your records accordingly.
  - c. New Client (New Clt): Enter a “1” if the client is new to your treatment program and has not been billed for under the TAP program. Leave blank if this is not a new client.
  - d. Continuing Client (Cont Clt): Enter a “1” if the client began treatment at your site in the TAP in a previous



- month and is continuing treatment during the reporting month. Leave blank if this is a new client.
- e. Start Date (St Date): Date (day/month/year) client first entered TAP program.
  - f. Re-entry Date: Date (day/month/year) client re-entered treatment. Leave blank if not applicable.
  - g. Discharge Date (Disc Date): Date client is discharged by the provider. Leave blank if not applicable.
  - h. Completed Program?: If the client was discharged in the reporting month, select “Y” from the drop down menu if they were discharged treatment complete or “N” if they did not complete treatment. Leave blank if not applicable.
  - i. Assessment Units (AS Uts): If the client received an assessment during the reporting month, enter a “1”. Assessment units are billed per completed assessment, NOT by units (hours) of service. If no assessment was completed leave blank.
  - j. Total AS fee: This field will automatically populate when a “1” is entered in column I.
  - k. Individual Counseling Units (IC Uts): Enter the number of units of individual counseling provided during the reporting month. All units are 60 minutes in length and must be rounded to the nearest 30 minutes.
  - l. Total IC Fee: This field will automatically populate when a number is entered in column k.
  - m. Family Counseling Units (FC Uts): Enter the number of family counseling units provided during the reporting month. All units are 60 minutes in length and must be rounded to the nearest 30 minutes. Family counseling may be billed when the identified client and at least one affected person are seen by the counselor at the same time.
  - n. Total FC fee: This field will automatically populate when a number is entered in column m.
  - o. Group Counseling Units (GC Uts): Enter the number of group counseling units provided during the reporting month. Group units are to be billed when the identified client is seen conjointly with a minimum of one other identified client.

- p. Total GC fee: This field will automatically populate when a number is entered in column o.
- q. Crisis Phone Counseling Units (CPC Uts): Enter the number of crisis phone counseling units provided during the reporting month.
- r. Total CPC fee: This field will automatically populate when a number is entered in column q.
- s. Phone Counseling Units (PC Uts): Enter the number of phone counseling units provided during the reporting month.
- t. Total PC fee: This field will automatically populate when a number is entered in column s.
- u. Total units per client: This field will automatically populate from the numbers entered in columns i, k, m, o, q and s.
- v. Total fee per client: This field will automatically populate from the fees in columns j, l, n, p, r and t.
- w. Insurance Paid: Enter the amount of funds received from insurance or third party reimbursement for services reported.
- x. Private Paid: Enter the amount of funds received from client co-pays and/or other private sources for services reported.
- y. Sum Paid: This field will automatically populate with the total from columns w and x.
- z. Balance: This field will automatically populate with the difference between columns v and y. This is the amount of reimbursement to be billed to the OPG for each client.

Repeat the billing procedure above for all clients seen. Use the sheets sequentially, so that if you see less than 21 clients you only have to complete the information on the “1-20 Clients” sheet. You can leave the other client tab sheets blank.

### C. **Total & Outreach tab**

On the top of the “Total & Outreach” sheet there is a table titled “Treatment Services”. This table will automatically populate with the information entered on the client tab sheets. The amounts shown on this table will equal the totals for all services provided during the reporting month. The “balance” column on the “Treatment

Services” table will equal the amount of reimbursement to be requested from the OPG for the month for treatment services. Below the “Treatment Services” table is an “Outreach Services” table. If you performed **pre-approved** outreach services, report them here. Enter the date the outreach was performed, the location (be as specific as possible), the estimated number of people attending, a contact person who attended the outreach, and their contact information. Then enter the actual number of hours that the outreach was performed. DO NOT include travel time, preparation time, etc. The total amount of reimbursement for each activity will be calculated when you enter in the number of hours.

**D. Invoice tab**

At the top of the sheet, enter the service month for which you are billing and the date you are submitting the invoice to the OPG in the appropriate cells. Then enter your agency mailing address and phone number in the spaces provided.

The table with the billing itemization will be populated with the data you entered on the client tabs and the Total & Outreach tab. Verify the numbers are correct then print the Invoice, Total & Outreach, and all applicable client tab sheets. Then sign and date the invoice in the spaces provided.

**E. TAP Consumer Intake Form (Form B)** All new consumers for whom an assessment is being billed must have an intake form completely filled out to be eligible for reimbursement. If no assessments were completed in the billing period, no intake forms are required.

**F. G-SAS** In addition to the consumer intake form, all new consumers must complete a pre-treatment G-SAS. All consumers being discharged from treatment must also complete a post-treatment G-SAS. If no consumers were admitted or discharged in the billing month no G-SAS forms are required.

**G. TAP Monthly Evaluation (Form C)** Indicate any issues, accomplishments, challenges and/or events that transpired in relation to the TAP program over the month for which services are billed.

H. **Outreach Request (Form D)** Complete for any proposed outreach activities for the month following the current billing cycle. All outreach activities must be pre-approved by the OPG. This form is not required if no outreach activities are planned.

I. **Send in all applicable forms**

The OPG will not process an invoice until all required documentation is received at the OPG. A complete set of billing forms will include:

- i. Invoice (Form A-1)
- ii. Billing Itemization forms reporting services provided for all clients served (Form A-2)
- iii. Client Intake Form (Form B) for each assessment billed
- iv. G-SAS for each client entering or discharging from services
- v. Monthly Evaluation (Form C) – required every month
- vi. Outreach Request (Form D) if needed

08. **Client Satisfaction Survey:** The OPG is making every effort to continuously improve the treatment program for problem gamblers and family members. In order to assure improvements, and assess whether or not treatment is working, we believe that feedback from clients in the program is not only desirable, but essential. We hope your clients will agree to participate in our survey. At the completion of their treatment under the TAP program, please give them the Client Satisfaction Survey Form and ask them to mail it directly to the OPG at:

Arizona Office of Problem Gambling  
Client Satisfaction Survey  
202 East Earll Drive, Ste. 200  
Phoenix, Arizona 85012

The OPG will provide self-addressed stamped envelopes for this purpose, but the clients may use their own if desired.

09. **TAP Forms:**

All TAP forms are available for download and printing from the OPG web site at [www.problemgambling.az.gov](http://www.problemgambling.az.gov).

The following forms are available:

- a. OPG Billing forms. This file includes the Invoice (Form A-1) and Billing Itemization (Form A-2)
- b. Client Intake (Form B)
- c. Monthly Evaluation (Form C)
- d. Outreach Request (Form D)
- e. G-SAS
- f. Client Satisfaction Survey

10. **Screening Tools**

Screening tools are available for download and printing from the OPG web site at [www.problemgambling.az.gov](http://www.problemgambling.az.gov).

The following tools are available for download:

- a. Gamblers Anonymous 20 Questions
- b. Gam-Anon 20 Questions
- c. DSM-IV Criteria
- d. South Oaks Gambling Screen (SOGS)
- e. NODS